		ifective C	ctober 1, 2	VINATION RE	RD	F	7	T LOCKE	1
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TOTAL CLA	IMS			toolullii 2)	TYPE		. (OR SMA	LL ENTIT
FOR		NI II	MBER FILED		RA	TE F	E	RAT	
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IDEPENDENT CLAIMS		1	minus 20=	. 5	X\$	9=	\neg	-	
IULTIPLE DEPENDENT CLAIM PI		1	minus 3 =	· 2	X42			OR X\$18	-1.00
					7 -			X84	
If the difference in column 1 is I		l is less the	in zero, enter	"O" in column o	+140) -	c	R +280	- 1:07
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otal dependent RST PRESE	(Column 1) CLAIMS REMAINING AFTER AMENDMENT * NTATION OF ML	Minus Minus Minus JLTIPLE DEF	(COIUMA) 2 HIGHEST NUMBER PREVIOUSL PAID FOR *** *** PENDENT CLA mn 2, write '0' in S SPACE is less	2) (Column 3) PRESENT EXTRA	+140= TOTAL ADDIT. FEE RATE X\$ 9= X42= +140= TOTAL	ADDI- TIONAL FEE	OR OR OR	X84= +280= TOTAL ADDIT FEE RATE X\$18= X84= +280=	ADDI- TIONAL FEE